

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 19-102277

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		D				
2		1		1			52		D				
3		2					53		D				
4		D		1			54		D				
5		D		1			55		D				
6		D		1			56		D				
7		D		1			57		D				
8		D		1			58		D				
9		D		1			59		D				
10		D		1			60		D				
11		D		1			61		D				
12		D		1			62		D				
13		D		1			63		D				
14		D		1			64		D				
15		D		1			65		D				
16		D		1			66	1		1			
17		D		1			67						
18		D		1			68						
19		D		1			69						
20		D		1			70						
21		D		1			71						
22		D		1			72						
23		D		1			73						
24		D		1			74						
25		D		1			75						
26		D		1			76						
27		D		1			77						
28	1		1				78						
29		D		1			79						
30		D		1			80						
31		D		1			81						
32		D		1			82						
33		D		1			83						
34		D		1			84						
35		D		1			85						
36		D		1			86						
37		D		1			87						
38		D		1			88						
39		D		1			89						
40		D		1			90						
41		D		1			91						
42		D		1			92						
43		D		1			93						
44		D		1			94						
45		D		1			95						
46		D		1			96						
47		D		1			97						
48		D		1			98						
49		D		1			99						
50		D		1			100						
TOTAL IND.	1		3				TOTAL IND.						
TOTAL DEP.		49		49			TOTAL DEP.		49		49		49
TOTAL CLAIMS	1	49	3	49			TOTAL CLAIMS		49		49		49